CIVIL AIR PATROL RANGER PROGRAM SENIOR MEDIC QUALIFICATION

	SENI		FDIC	QUALIFICATION	N			
CAPID	GRADE NAME (LAST	T NAME, FIRST	NAME MI)					
HOME UNIT (XX-000)) COMPLETE MAILNG AD	DRESS		EMAIL ADDRESS				
emphasis on eme		support of		ary qualifications as a CAP Groun h and welfare. Only Master medi				
Administrat	ive Requirements	-All certifica	ations mus	t have a current expiration date u	pon form sub	mission.		
Field Medic First Class Qualification		CAPID	DATE	Two Years continuous qualification			DATE	
Date:		SIGNA	TURE	Field Medic First Class		SIGNATUR	-	
-	ool Assignment as a M1	CAPID	DATE	Winter Ranger School Assignment as	a M1 CAP	ID D	DATE	
Year: Squadron:		SIGNA	ATURE	Year: Squadron:		SIGNATUR	E	
-	ool Assignment as a M1	CAPID	DATE	Winter Ranger School Assignment as	a M1 CAP	ID E	DATE	
Year: Squadron:		SIGNA	ATURE	Year: Squadron:		SIGNATUR	_	
	rtification as an EMT or	CAPID	DATE	Professional Rescuer CPR	CAP	ID D	DATE	
	certification (attach copy)	SIGNA	ATURE	(attach copy)		SIGNATUR	E	
PHTLS or BTLS cer	tification (attach copy)	CAPID	DATE	Continuing Education Requirement Medic First Class	for CAP	ID [DATE	
		SIGNA	ATURE			SIGNATUR	E	
EMS MCI Course (attach copy)		CAPID	DATE	Haz-Mat Operations Level Course	CAP	ID D	DATE	
		SIGNA	TURE	(attach copy)		SIGNATUR	E	
	Sanitation training course	CAPID	DATE	Completion of ICS 100, 200, 700 at	nd CAF	ID D	DATE	
(attach copy)		SIGN	ATURE	800 (attach copies)		SIGNATURI	E	
	ng for First aid and CPR	CAPID	DATE	CAPF 101 for GTL or higher	CAF	ID D	DATE	
(attach copy)		SIGN	ATURE	(attach copy)		SIGNATURI	E	
Advanced Ranger (Qualification	CAPID	DATE	75% or better score on Senior Med	ic cap	ID D	DATE	
(attach copy)		SIGN	ATURE	Written Exam		SIGNATURI	E	
		PR	ACTIC	AL SKILLS				
	essment and complete vital	CAPID				ID [DATE	
signs for trauma, medical & pediatric patients		SIGNATURE		assignment as assistant to base medi-		SIGNATURE		
Discuss criteria for (-spine clearance in the	CAPID	DATE	Complete practical and written triag			DATE	
field		SIGNA		assessment	0/11	SIGNATURI		
Perform patient packaging for technical		CAPID	DATE	Demonstrate ability to maintain reco			DATE	
	cuss associated medical	logs ar		logs and other appropriate docun	nen-			
Discuss criteria and considerations for		SIGNATURE		Discuss medical operations and a		SIGNATURI		
	on including landing zone	CAPID DATE		Discuss medical operations and evac- uation plans with an emphasis on com-		ID L	DATE	
	d patient management	SIGNA	TURE	plications of wilderness medicine		SIGNATURI	-	
Demonstrate the ab		CAPID	DATE					
	ate medics in their efforts to			1		I		
support GTM/Range	er team operations	SIGNA	IUKE					

Demonstrate ability to teach formal health and medical topics with a 1 hour minimum class.	CAPID	DATE	Perform sick call operations without assistance including management of	CAPID	DATE
Attach copy of lesson plan	SIGNA	ATURE	other support medics	SIGNATURE	
Create lesson plans on environmental emer- gencies, field sanitation and hygiene and 2	CAPID	DATE	Complete field/base pre-plan exercise (attach copy of plan)	CAPID	DATE
other medical topics	SIGNATURE			SIGNAT	URE
	CAPID	DATE	_25 Push-Ups	CAPID	DATE
	CAPID SIGNA		25 Push-Ups		DATE
30 sit ups in 2 minutes			25 Push-Ups 100 meter sprint with medical bag		
30 sit ups in 2 minutes	SIGNA	TURE DATE	'	SIGN CAPID	ATURE
PHYSICAL FITNESS 30 sit ups in 2 minutes 1 mile run in 8 minutes or less 100 meter fireman's carry of person of like weight	SIGNA CAPID	TURE DATE	'	SIGN CAPID	ATURE DATE

STANDARDIZATION AND EVALUATION SECTION USE ONLY

I certify that the member has completed all requirements and is awarded the proficiency grade of Senior Medic. MEDICAL STAN/EVAL AUTHORIZED SIGNATURE DATE